



Rhode Island Department of Children, Youth & Families

DCYF Contracted Programs

2019 Novel Coronavirus (COVID-19) Update

March 24, 2020

Guidance for On-Site Visitation

All DCYF visitations are suspended through March 27 (including family visitation at the Training School, at DCYF offices, visits arranged in person by foster parents, and our contracted visitation programs). We will assess the situation on a week-to-week basis and provide updates to staff when available.

In collaboration with several of our congregate providers, we understand the need to find increased flexibility for the children and youth being served. Many of them struggle with change and they are particularly vulnerable during this time.

With the approval of the Rhode Island Department of Health, we are providing guidance on how to facilitate limited visits on-site as appropriate (depending on a youth's treatment needs). The overarching goals continue to be the same, where we must all work together to prevent the spread of COVID 19. Please review the guidelines we developed below (pages 4 – 6) with our partners at RIDOH, to ensure we are implementing visitation in the safest ways possible.

Providers **are not** mandated to offer visitation at this time. Each provider should review the guidance and decide what is best for their programs, staff and the youth in their care.

We will be arranging for a conference call to discuss and continue to brainstorm on-site visitation at our congregate care facilities.

Guidance on Essential Home Visiting

Below (pages 7 – 9) is guidance from the Rhode Island Department of Health regarding essential, planned home visits. We will be asking our staff at DCYF to follow the same guidance as we conduct essential home visits. We continue to ask our staff, and providers, to conduct non-essential home visits via phone or teleconferencing.

Guidance on TeleHealth

The Office of Health and Human Services issued TeleHealth service delivery policy and procedure guidance for Rhode Island Medicaid here:

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/1115Waiver/COVID_2020/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth_03192020_vF.pdf

Update on Medical Clearances for Children and Youth

We have confirmed with Hasbro Children's Hospital that the PANDA clinic will see our youth over the age of 18. During normal business hours, you can make appointments for youth to be seen at the clinic by calling **401-440-4000**. If it's after hours, please call the same number and ask to page the Aubin Center doctor on call.

The Hasbro Emergency Department will only treat youth up to age 19 and youth who continue to be under the care of a pediatrician. Youth in the care of DCYF, regardless of age, can be medically screened at the PANDA clinic.

As a reminder, below is the medical clearance guidance we shared on March 19:

If the child has been removed from home, the Department will have the child examined in accordance with Department Child Protective Services protocols and COVID-19 screening protocols.

Directives for Youth Returning from AWOL

In addition to the standard procedures after locating an AWOL youth, the Department will complete the COVID-19 screening questions to determine the level of necessary precaution, in accordance with the RIDOH screening tool (see PDF attached to this communication). If the youth's answers warrant a possible exposure to COVID-19, or if the youth is exhibiting flu-like symptoms, Department staff will follow the guidance below involving youth who we suspect may be infected by COVID-19.

If the youth does not indicate possible exposure to COVID-19 and is not exhibiting flu-like symptoms, the Department will return the youth to placement. The provider must call the Aubin Center at **401-444-4000** by the next business day after a youth has returned to placement from an AWOL status.

- Call **401-444-3996** or **401-444-4000**, Monday through Friday, from 8 a.m. to 4:30 p.m.

For emergency cases—either physical abuse, when sexual abuse has occurred within 72 hours, or if there are immediate safety concerns, the provider should call the office during regular business hours or the page operator after hours. You may be directed to Hasbro Children's Hospital's Emergency Department.

- Call the page operator after business hours at **401-444-5611** or the Rhode Island Hospital main number **401-444-4000** and ask for the Aubin Center physician on call.

The on-call pediatrician will determine if the youth is appropriate for a telemedicine medical exam, or if the youth should be seen in person at the PANDA clinic.

Directives for Youth Exhibiting Symptoms

As a reminder, below are directives to use for youth exhibiting symptoms.

For providers who manage residential or congregate care services – if a youth in your care is presenting with any symptoms please:

- The youth **should be asked to put on a mask and staff should move them to an isolated area of the building.**
- Call the youth's Primary Care Physician and describe the youth's symptoms. Follow the directions given by the Physician.

- E-mail and call the youth's Caseworker AND their Supervisor, with details of the youth's symptoms and the Physician's recommendations. If you need to reach DCYF outside of normal business hours, please call our hotline at 1-800-RI-CHILD.
- If necessary, the physician will contact the Rhode Island Department of Health (RIDOH). Provide a daily update on the youth's status to the Caseworker and Supervisor.

If a youth in your care tests positive for COVID-19 in a congregate care or substitute care setting (including foster care):

- The provider must contact the Rhode Island Department of Health 401-222-2577.
- RIDOH will provide guidance on isolation and quarantine.
- After you speak with RIDOH, please call the Child Abuse Hotline to report the situation so we can coordinate a quarantine/isolation plan to support you, consistent with the recommendations of RIDOH.



Rhode Island Department of Children, Youth & Families

DCYF Contracted Programs

2019 Novel Coronavirus (COVID-19)

Visitation and Screening for Residential Congregate Care Programs

Effective March 23, 2020

Intended Audience: *Providers that operate DCYF-licensed residential congregate care programs for children and youth, which includes group homes, semi-independent living programs, assessment and stabilization centers, residential treatment programs, and psychiatric residential treatment facilities (PRTFs).*

Overview

Programs must limit in-person interactions between youth and anyone from outside of the program, including the youth's family members, due to risks associated with the COVID-19 virus. Each provider must develop alternative forms of contact and communication between youth and families such as phone calls and videoconferencing. Programs should increase the frequency of telephone and videoconferencing contact whenever possible to help youth and families feel stable and ease anxiety.

The Department recognizes that in-person family visitation is necessary for children. Treatment teams at each site should develop a visitation schedule between the child/youth and his or her parent(s) or guardian(s) to include phone/videoconferencing, and in-person visits. In-person parent-child visits will take place at the facility, and the number of visitors should be limited to two visitors at a time. In-person visitation is allowed in accordance with the conditions below. These conditions represent the minimum current requirements. Programs may implement additional requirements as appropriate.

Visitor Screening

Prior to any visitor coming within six feet of a program site, the visitor must be screened by asking and recording answers to the following questions using the screening sheet attached to this communication.

Symptom Screening Questions: If yes to any symptoms, in-person visit should be postponed and phone or videoconference visit should be substituted.

Have you had any of these symptoms in past 72 hours (3 days)?

- ☐ Fever (temperature of 100.4 F or higher)
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Body aches
- ☐ Chills
- ☐ Runny nose or stuffy nose

- ☐ Sore throat
- ☐ Diarrhea

Quarantine Screening Questions: If “yes” to any of these questions, in-person visit should be postponed until visitor completes quarantine of 14 days from last exposure. A phone call or videoconference visit should be substituted during that time.

In the last 14 days,

- Has anyone in your household been diagnosed with COVID-19?
- Have you been told to quarantine yourself by a public health authority? If so, when does/did your 14 day quarantine period end?
- Have you been in close contact (less than 6 feet for a prolonged period) with someone who has tested positive for COVID-19?
- Have you traveled anywhere internationally outside of the 50 United States including on a cruise?
- Have you traveled anywhere in the United States by airplane?

If the visitor answers “yes” to any questions, instruct them to return to their home, shelter-in-place and call their primary care provider for advice if their conditions worsen. Individuals with any of the conditions above are not permitted to enter the program site.

Visitation

During visitation, a program must enforce social distancing, which is the practice of keeping at least six feet between individuals at all times. Visits must limit proximity and contact between visitors and residents of the program who are not being visited. The provider ensures that there will be no more than one visit in the same space at the same time and must clean and disinfect the room where a visit occurred to the greatest extent possible after each visit.

If a visitor would like to take a youth off a program site (for a walk, for example), they may not engage in any activities that would bring the youth within six feet of other individuals. Time outside of the program location is limited to 30 minutes.

If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop for a youth while a visitor is onsite, the youth should put on a mask and move to an isolated area of the program. Notify leadership immediately. If a visitor develops any of these symptoms while visiting, please end the visit, provide the visitor with a mask, ask the visitor to call their primary care provider immediately, and notify program leadership.

Additional Considerations

No visitation should occur at a program site if any youth at the site is being quarantined.

No visitation should occur at a program site if any youth at the site is suspected or confirmed to have COVID-19. For visits to resume, all residents must have recovered from COVID-19 and no longer be in isolation. The

determination of the end of the isolation period should occur in consultation with the medical director of the facility.

Keep a daily log of names and contact information of visitors.

If the state of Rhode Island revises visitation protocol, the program should develop and issue communications to family members regarding these changes. Family and youth should be prepared for the possibility that all in-person visitation could be suspended if additional COVID-related restrictions are issued.

Youth are not permitted to go back and forth between programs and homestays or otherwise visit outside of the conditions put forward in this protocol.



Coronavirus Disease 2019 (COVID-19)

Protocol for Essential, Planned Home Visits

Last Updated: 3/21/2020

The following guidance applies to all front-line staff including both State staff and community agency staff who complete home visits of any type in the course of their work. It is based on the most current US Centers for Disease Control and Prevention (CDC) and Rhode Department of Health (RIDOH) recommendations for prevention of the spread of coronavirus disease 2019 (COVID-19).

All providers should refer to the most up-to-date guidance from the CDC for precautions in non-healthcare settings and for home health agencies (HHA) and their staff. In particular, refer to the most recent guidance from the CDC on infection control and prevention for HHA.

Recommended precautions for household members, intimate partners, and caregivers in a non-healthcare setting of a patient with symptomatic laboratory-confirmed COVID-19 or a patient under investigation	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)	https://www.cms.gov/files/document/gso-20-18-hha.pdf
Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings	https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html

Home visitors with respiratory symptoms are restricted from carrying out essential, in-person home visits.

ESSENTIAL HOME VISITS

The State recognizes that some home-based visits are essential and must be carried out under physician orders and/or are essential. The agency or home care agency should determine which home-based or community-based visits are appropriate to postpone or conduct via telephone or telehealth, and which visits are **essential** and must continue to be conducted in-person.

Prior to scheduling an essential home visit, the following screening questions must be asked:

1. Is anyone in the household currently sick with symptoms such as fever, cough, shortness of breath, sore throat, GI upset, or nasal congestion?
YES | NO If “YES,” details:
2. Has anyone in the household been in close contact (less than six feet for a prolonged period of time) with anyone known to have a confirmed case of COVID-19?
YES | NO If “YES,” details:
3. Does the client have an underlying health condition such as heart or lung problems, diabetes, cancer, or suppressed immune system?
YES | NO If “YES,” details:

If all answers are “NO” and the visitor and client agree to schedule an in-person visit, the following standard precautions must be followed by both the visitor, the client, and all present household members:

- Avoid close contact, putting six feet of distance between yourself and other people when possible
- Wash your hands with soap and water for at least 20 seconds before and after each visit.
- If soap and water are not readily available, carry and use hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Use hand sanitizer upon leaving the house and wash your hands as soon as possible.

The day of the scheduled visit, the home visitor should call the family to re-ask the three screening questions.

- If a client reports having symptoms, encourage them to call their healthcare provider for advice before the visit, especially if there has been contact with anyone with COVID-19 or the client has underlying health conditions.
- If possible, call again before the visit to ensure the client was able to consult with a healthcare provider for recommendations.

If the client answers YES to any of the three screening questions, the essential home visit can take place with the following ENHANCED PRECAUTIONS.

If the person who has been diagnosed with COVID-19 or who is symptomatic is a **household member** and not the client or patient receiving direct services, they should be in another room, if possible, for the course of the visit.

- Hand hygiene should be performed before putting on and after removing personal protective equipment (PPE) using alcohol-based hand sanitizer that contains at least 60% alcohol.
- PPE should ideally be put on outside of the home prior to entry into the home.
- If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., mask or respirator and eye protection) be put on before entering the home. Alert persons within the home that the visitor will be entering the home and ask them to move to a different room, if possible, or keep a six-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.

- Ask client if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
- PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. PPE should not be taken from the client's home and into the main cabin of the visitor's vehicle.
- If there is no external trash can, the visitor should ensure that they have plastic bags in their cars. Place the masks and gloves in doubled plastic bags and tie the bags shut tightly. Put the bags in the trunk of the car when driving. Throw them out in an external trash can as soon as possible.
- If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a six-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home (following instructions above). Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains at least 60% alcohol, remove face protection, and discard PPE by placing it in an external trash can before departing the location. Perform hand hygiene again.

It is recommended that the visit be conducted outside of the house if the nature of the visit, the weather, and accommodations allow. Providers will have to use their best judgement.

If the person/household does not have a primary care provider: Advise them to **call** a local urgent care center or walk-in clinic. For additional information, call: Rhode Island Department of Health COVID-19 Hotline: 401-222-8022 | After hours call: 211

Staff of HHAs and other employers providing more detailed guidance on visit precautions should follow the provided guidance on infection control and prevention in addition to the above. Consult with your supervisor if the sources or guidance are not in alignment.